

0000230242 1/25/13

State of New Mexico

Voucher Batch Report

BusinessUnit 66500 Department of Health

Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD

AsOfDate 01/16/2013

Voucher Vchr VchrLineDescr

| Number | Line | Line# | Description | Fund | VendorName | 1099 | Accounting Period | PurchaseOrder | Invoice Number | Total Amount |
|--------|------|-------|-------------|------|------------|------|-------------------|---------------|----------------|--------------|
|--------|------|-------|-------------|------|------------|------|-------------------|---------------|----------------|--------------|

|          |   |                     |   |        |                        |       |                |      |    |            |                  |        |
|----------|---|---------------------|---|--------|------------------------|-------|----------------|------|----|------------|------------------|--------|
| 00322431 | 1 | I/S Meals & Lodging | 1 | 542200 | Employee I/S Meals & L | 06101 | ADAMS RICH-001 | 2013 | 01 | 0000097172 | Adams, R. 1.7-1. | 570.00 |
|----------|---|---------------------|---|--------|------------------------|-------|----------------|------|----|------------|------------------|--------|

Total For Voucher 570.00

VP

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 [Invoice Information](#) | 
 [Payments](#) | 
 [Voucher Attributes](#) | 
 [Error Summary](#)

|  |  |
|--|--|
| <b>Business Unit:</b> 66500  | <b>Invoice Number:</b> Adams, R. 1.7-1.11.13                 |
| <b>Voucher ID:</b> 00322431  | <b>Invoice Date:</b> 01/14/2013                              |
| <b>Voucher Style:</b> Regular  | <b>Total:</b> 570.00   |
| <b>Vendor:</b> ADAMS, RICHARD B<br>RUIDOSO PUBLIC HEALTH OFFICE<br>RUIDOSO, NM 88345 | <b>*Pay Terms:</b> Pay Now <a href="#">Schedule Payments</a> |

| Payment Information          |   | Find   View All                  | First | 1 of 1                 | Last |
|------------------------------|---|----------------------------------|-------|------------------------|------|
| <b>Scheduled Payment:</b> 1  |   |                                  |       |                        |      |
| <b>*Remit to:</b> 0000097303 |   | <b>Gross Amount:</b> 570.00      | USD   |                        |      |
| <b>Location:</b> 001         |   | <b>Discount:</b> 0.00            | USD   | <b>Discount Denied</b> |      |
| <b>*Address:</b> 1           | ADAMS, RICHARD B<br>RUIDOSO PUBLIC HEALTH OFFICE<br>103 KANSAS CITY RD<br>RUIDOSO, NM 88345 | <b>Scheduled Due:</b> 01/14/2013 |       |                        |      |
|                              |   | <b>Net Due:</b> 01/14/2013       |       |                        |      |
|                              |   | <b>Discount Due:</b>             |       |                        |      |
|                              |   | <b>Accounting Date:</b>          |       |                        |      |

| Payment Method          |  | Pay Group: |
|-------------------------|--|------------|
| <b>*Bank:</b> WFB10     |  |            |
| <b>*Account:</b> B      |  | RE         |
| <b>*Method:</b> ACH ACH |  |            |
| <b>Message:</b>         |  |            |

Message will appear on remittance advice.

Messages

**Summary** | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

**Business Unit:** 66500 **Invoice Number:** Adams, R. 1.7-1.11.13  
**Voucher ID:** 00322431 **Invoice Date:** 01/14/2013  
**Voucher Style:** Regular **Total:** 570.00

**Voucher Processing**

☒ **Post Voucher** ☐ **Close Voucher**  
☒ **Revalue Voucher** ☐ **Delete Voucher**

**Accounting Instructions**

**\*Accounting Template:** STANDARD  **Account At:** Gross 

**Match Action**

**\*Status:** Ready   
☐ **Pay UnMatched Voucher**

**Transaction Currency**

**\*Source:** Tables  **\*Currency:** USD  **Rate Type:** CRARNT  **Exchange Rate:** 1.00000000

**Voucher Approval**

**\*Approval:** Specify at this Level  **Business Process:** PROCESS\_VOUCHERS   
**Approval Rule Set:** Payment Approval Rule Set 1 

**Self Billing Invoice**

**\*SBI Num Option:** Group Vouchers (Auto-Nur  **SBI Number:**

**Prepayment**

**Prepayment Reference:**  ☐ **Automatically Apply Prepayment**  **Postpone Withholding**

**Letter of Credit**

**Letter of Credit ID:**  

**Tax Group**

Saved

AGENCY  
NAME DEPARTMENT OF HEALTH

STATE OF NEW MEXICO  
ITEMIZED SCHEDULE  
OF TRAVEL EXPENSES

|             |       |                |           |
|-------------|-------|----------------|-----------|
| PAGE        | 1     | DATE           | 1/11/2013 |
| AGENCY CODE | 66500 | VOUCHER NUMBER | 00322431  |

|  |                     |  |  |                                |
|--|---------------------|--|--|--------------------------------|
| NAME<br>Richard Adams  |                     | CAR LICENSE NUMBER<br>SG-1984  | POST OF DUTY<br>Ruidoso  | PROPOSED<br>(ADVANCE VOUCHER)  |
| VENDOR NUMBER<br>97303   |                     | MODEL<br>Nissan  | RESIDENCE<br>Ruidoso   | ACTUAL<br>(RECOUPMENT VOUCHER) |
| REG. WORK DAY<br>8:00 AM THRU 5:00 PM  |                     | YEAR<br>2011   | <input checked="" type="checkbox"/>  |                                |
| DATE   | TIME: SHOW AM OR PM | ARRIVAL  | CHARACTER OF EXPENDITURES<br>ENTER DESTINATION, NATURE OF OFFICIAL BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION |                                |
| 1/7/2013   | 6:00am              |  | Depart Ruidoso to Santa Fe Overnight-Santa Fe rates apply  |                                |
| 1/8/2013   |                     |  | Overnight-Santa Fe rates apply   |                                |
| 1/9/2013   |                     |  | Overnight-Santa Fe rates apply   |                                |
| 1/10/2013  |                     |  | Overnight-Santa Fe rates apply   |                                |
| 1/11/2013  |                     |  | Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs   |                                |
|  |                     | 6:00pm   |  |                                |
| Per Diem is Based on (Check One)   |                     | I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverage. I further certify that no further payment will be sought for the travel/training covered by this voucher. |  |                                |
| ACTUAL EXPENSES  |                     |  |  |                                |
| APPROVED RATES   |                     |  |  |                                |
| <input checked="" type="checkbox"/>  |                     | Employee Signature Date  |  |                                |
| <input checked="" type="checkbox"/>  |                     | Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA Regulations Governing the Per Diem and Mileage Act.   |  |                                |
| ACKNOWLEDGE THAT THIS EMPLOYEE HAS EXCEEDED THE \$1,500 PER CALENDAR YEAR FOR TRAVEL   |                     | SECTION 10-9-5 (I), NMSA 1978  |  |                                |
| Signature (DOH-General Accounting Use Only)  |                     | Date   |  |                                |
| Signature required on overnight lodging exceeding \$215.00 per night:  |                     |  |  |                                |
| PAYEE SIGN HERE:   |                     | Richard Adams (TYPE PAYEE NAME)  |  |                                |
| I, SOLEMNLY SWEAR THAT THE ABOVE CLAIM FOR REIMBURSEMENT IS JUST AND TRUE IN ALL RESPECTS AND COPY IS WITH THE DFA REGULATIONS GOVERNING THE PER DIEM AND MILEAGE ACT. |                     |  |  |                                |
| DATE: 1-9-13   |                     |  |  |                                |

# New Mexico Department of Health Travel and Training Request Form

|                             |                         |               |            |              |
|-----------------------------|-------------------------|---------------|------------|--------------|
| <b>Employee Information</b> | Employee Name:          | Richard Adams | Position:  | CMO          |
|                             | Department ID and Fund: | 6001001000    | Telephone: | 505-629-7496 |
|                             | Post of Duty:           | Ruidoso       | Residence: | Ruidoso      |

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

|                            |  |      |  |        |            |         |
|----------------------------|--|------|--|--------|------------|---------|
| <b>Vehicle Information</b> | <input checked="" type="checkbox"/> Check if state vehicle |      | <input type="checkbox"/> Check if personal vehicle |        | License #: | GS-1984 |
|                            | Year:  | 2011 | Make:  | Nissan | Model:     | Altima  |

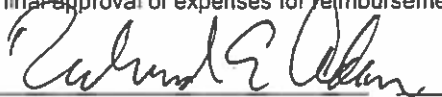
|                                  |   |  |  |  |  |  |
|----------------------------------|---|--|--|--|--|--|
| <b>Trip/Training Information</b> | Please provide agendas, itineraries and any relevant documents.   |  |  |  |  |  |
|                                  | Course Name: Meetings in Santa Fe and ABQ for Governing Boards    |  |  |  |  |  |
|                                  | <input checked="" type="checkbox"/> Check if training is required |  |  | <input type="checkbox"/> Check if Continuing Education credits will be granted |  |  |

|                           |  |          |              |          |                                |         |
|---------------------------|--|----------|--------------|----------|--------------------------------|---------|
| <b>Travel Information</b> | Date of Request:   | 01/04/13 | Destination: | Santa Fe |                                |         |
|                           | Departure Date:<br>(month/day/yr)  | 01/07/13 | Time:        | 06:00 AM | Return Date:<br>(month/day/yr) | 1/11/13 |
|                           | <input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By: |          |              |          |                                |         |

\* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

|   |         |                                 |                         |           |
|---|---------|---------------------------------|-------------------------|-----------|
| 546700: Subscription/Annual Dues          |         | 542100: In-State Mileage:       | @ .41 per mile          | \$ 0.00   |
| 546800: Registration – Employee           |         | 542200: In-State Per Diem:      | @ \$85/day              | \$ 0.00   |
| 546800: Registration – Vendor             |         | Santa Fe Only:                  | 4 @ \$135/day           | \$ 540.00 |
| 549600: Airline Cost – Vendor             |         | 549700: Out-of-State Per Diem:  | @ \$115/day             | \$ 0.00   |
| Airline Cost – Employee                   |         | Actuals:                        | @ /day                  | \$ 0.00   |
| Baggage Fee                               |         | With meals:                     | @ \$45/day              | \$ 0.00   |
| Shuttle Fee                               |         | Partial day:                    | @ \$12/2-6 hrs          | \$ 0.00   |
| Taxi Fee                                  |         | Partial day:                    | @ \$20/6-12 hrs         | \$ 0.00   |
| Parking Fee                               |         | Partial day:                    | 1 @ \$30/12 or more hrs | \$ 30.00  |
| Mileage @ .41 per mile                    | \$ 0.00 | Total reimbursement to employee |                         | \$ 570.00 |
| Miscellaneous Expense: days @ \$6 per day | \$ 0.00 | Total cost of trip              |                         | \$ 570.00 |
| Car Rental: days @ per day                | \$ 0.00 |                                 |                         |           |

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

 1-7-13  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Supervisor/Bureau Chief Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Division Director/Hospital Administrator \_\_\_\_\_ Date \_\_\_\_\_  
(As per specific division requirements)

 1/10/13  
Cabinet Secretary Signature \_\_\_\_\_ Date \_\_\_\_\_  
(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)